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ARIZONA STATE DEPARTMENT OF HEALTH
return should preferably be made to person who made the original) **DIVISION OF VITAL STATISTICS**

County Registrar's No.*

Place of Birth Tahle Arizona County Maricopa No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>male</u>			

DATE OF BIRTH* March 25th 1923
(Month) (Day) (Year)

FATHER
Lawrence Vernal Gifford

MOTHER
Beatrice Adair

I HEREBY CERTIFY that the child described herein has been named
Velera
Velera Whayne Gifford
(Give name in full) (Surname)
L. V. Gifford
(Parent's Signature)

.....
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
 8-42-Bower Co.